

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/631722 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>Cancel</i>					
2		<i>10</i>				
3		<i>8</i>				
4						
5						
6						
7						
8						
9						
10						
11						
12	<i>Cancel</i>					
13		<i>1</i>				
14		<i>1</i>				
15		<i>1</i>				
16						
17						
18		<i>1</i>				
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21	<i>Cancel</i>					
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TOTAL IND.	<i>6</i>					
TOTAL DEP.	<i>23</i>	<i>↔</i>	<i>↔</i>	<i>↔</i>	<i>↔</i>	
TOTAL CLAIMS	<i>29</i>					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		<i>↔</i>		<i>↔</i>		<i>↔</i>
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS